**Outcomes Survey**

**The Indiana Governor’s Council for People with Disabilities (“GCPD”) provides financial support to this project. Answers to this survey help to inform programming.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | | **Email** |  | | | | | **Phone** |  | | |
| **Date of Event** | |  | | | | |  | **Today’s Date** | | | | | |  | | |
| *Demographic information is optional, but providing this data helps GCPD understand how funding impacts our community. All responses are strictly confidential.* | | | | | | | | | | | | | | | | |
| **Race/Ethnicity** | | | | | | | **Age** | | | | | | **Gender** | | | |
| White | |  | | Hispanic/Latino | |  | Birth-5 | |  | 31-40 |  | | Female | | |  |
| Black | |  | | Two or more | |  | 6-12 | |  | 41-55 |  | | Male | | |  |
| Asian | |  | | Other | |  | 13-21 | |  | 56-67 |  | | Other | | |  |
| American Indian | |  | | Unknown | |  | 22-30 | |  | 68-80 |  | |  | | |  |
|  | | | |  | | |  | | | 80+ |  | |  | | |  |
|  | | | |  | | |  | | |  | | |  | | |  |
| **Please choose the statement that best describes you:** | | | | | | | | | | | | | | | | |
| 1. I am filling out this survey on behalf of someone else | | | | | | | | | | | | | | | |  |
| *If so, the individual I’m filling out this survey for is*  An individual with a disability. | | | | | | | | | | | | | | | |  |
| A parent. | | | | | | | | | | | | | | | |  |
| A professional or other participant. | | | | | | | | | | | | | | | |  |
| 1. I am an individual with a developmental disability. | | | | | | | | | | | | | | | |  |
| 1. I am a family member of an individual with a developmental disability. | | | | | | | | | | | | | | | |  |
| 1. My family member or I do not have a developmental disability, and I participated in this project for following reason(s): | | | | | | | | | | | | | | | |  |
|  | *Eg: professional training* | | | | | | | | | | | | | | | |
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|  | | |  | |  | | | |  | | |  | | |  | |
| ***Only individuals with disabilities and parents participating should complete the following questions. Thank you for participating and sharing your feedback!*** | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Questions for Individuals and Family Members** | | | | | | |
| Thank you for participating in this program and providing feedback. Please read the definitions of advocacy and self-advocacy and answer the questions that follow. | | | | | | |
| Advocacy | | | Self-advocacy | | | |
| Speaking on behalf of or in support of another person and/or actively supporting a cause or proposal. | | | Learning how to speak up for yourself, making your own decisions about your own life, learning how to get information so that you can understand things that interest you, knowing your rights and responsibilities, problem solving, listening and learning, reaching out to others when you need help, and learning about self-determination. | | | |
| 1. Before participating, did you say what you wanted or needed in services and supports? | | | | | | |
| I never said what I wanted or needed. | I rarely said what I wanted or needed. | I sometimes said what I wanted or needed. | | I often said what I wanted or needed. | I always said what I wanted or needed. | |
|  |  |  | |  |  | |
| 1. After participating, do you say what you want or need in services and supports. | | | | | | |
| I never say what I want or need. | I rarely say what I wanted or need. | I sometimes say what I want or need. | | I often say what I want or need. | I always say what I want or need. | |
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| 1. Write about a time you told someone what is important to you. | | | | | | |
|  | | | | | | |
| 1. After participating, do you advocate less often, more often, or about the same? | | | | | | |
| Less often |  | About the same | |  | More often | |
|  |  |  | |  |  | |
| 1. Are you currently serving on a board, coalition, committee, workgroup, governing body, or related leadership position?   *If yes, please explain: Eg: local accessibility board, non-profit board, workforce investment board* | | | | | Yes |  |
| No |  |
|  | | | | |  |  |
| 1. Are you currently participating in any formal or informal advocacy activities?   *If yes, please explain: Eg: IEP meeting, giving testimony, Advocacy Day* | | | | | Yes |  |
| No |  |